

REPORT OF ACTION TAKEN
REGARDING THE ISSUANCE OF RECOVERY ZONE BONDS
OR QUALIFIED ENERGY CONSERVATION BONDS

California Debt Limit Allocation Committee
915 Capitol Mall, Room 311
Sacramento, CA 95814
(916) 653-3255

Please complete and mail form to the above address within 15 days of issuing Recovery Zone Bonds (RZBs) or Qualified Energy Conservation Bonds (QECBs). If bonds are issued in December, please complete and mail form within 5 days of such issuance.

1. NAME OF DIRECT (U.S. TREASURY) ALLOCATION RECIPIENT or CDLAC RE-ALLOCATION AWARD RECIPIENT:

Address/City/State/Zip:

Contact Person:

Title:

Phone: ()

Fax: ()

2. NAME OF ISSUER:

Address/City/State/Zip:

Contact Person:

Title:

Phone: ()

Fax: ()

3. ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:

4. CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter "none"):

5. PRINCIPAL AMOUNT OF BONDS ISSUED: \$

AMOUNT OF TREASURY DIRECT ALLOCATION USED: \$

AMOUNT OF CDLAC RE-ALLOCATION AWARD USED: \$

AMOUNT OF CDLAC RE-ALLOCATION AWARD NOT USED: \$

If the Principal Amount of Bonds Issued is different from the Amount of Treasury Direct Allocation and/or CDLAC Allocation Used, please briefly explain the difference:

6. FOR DRAW-DOWN BOND ISSUANCES ONLY:

DRAW-DOWN BOND AMOUNT: \$

BONDS DRAWN DOWN TO-DATE (including this draw-down bond Issuance): \$

7. DATE BONDS ISSUED:

8. NAME OF BOND ISSUE:

9. PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded):

10. PRIVATE USER NAME (FACILITY BONDS ONLY):

11. TYPE OF PROJECT (please check one): ☐ FACILITY (RZBs only)

☐ ECONOMIC DEVELOPMENT (RZEDBs only)

☐ PRIVATE ACTIVITY ☐ GOVERNMENTAL USE (QECBs only)

12. COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED:

(CONTINUED ON NEXT PAGE)

For CDLAC use only:

Agenda _____

Greensheet _____

RAT Docs _____

13. CDLAC RESOLUTION NUMBER AWARDED THE REALLOCATION: #

CDLAC APPLICATION NUMBER SHOWN ON EXHIBIT "A" OF
RESOLUTION : #

14. PERSON TO BE BILLED FOR CDLAC FEE:

Title:

Firm:

Address/City/State/Zip:

Phone: ()

Fax: ()

15. UNDERWRITER/PLACEMENT AGENT:

Address/City/State/Zip:

Contact Person:

Phone: ()

Fax: ()

16. BOND COUNSEL FIRM:

Name of Attorney:

Address/City/State/Zip:

Contact Person:

Phone: ()

Fax: ()

17. PERSON COMPLETING FORM (if different from #15 above):

Title:

Firm/Agency:

Address/City/State/Zip:

Phone: ()

Fax: ()

The undersigned do hereby certify to the accuracy of the information contained herein.

Signature of Issuer's Representative

Signature of Bond Counsel

Print Name of Issuer's Representative

Print Name of Bond Counsel

Date:

Date: